Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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; (850)617-6380

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

R. WHITE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE UNIVERSAL LIFE CHURCH MONASTERY STOREHOUSE INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	UNIVERSAL LIFE CHURCH MONASTERY STOREHOUSE INC.				
	Name of Corporation				
DOC	F11000003477 UMENT NUMBER:				
The er	aclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Jeremy Brant				
	Name of Contact Person				
	Universal Life Church Monastery				
	Firm/Company				
1425 Broadway Ste. 67					
	Address				
Seattle, WA 98122					
	City/State and Zip Code				
jeremyb@themonastery.org					
	E-mail address: (to be used for future annual report notification)				
For fi	uther information concerning this matter, please call:				
Jerem	y Brant 206 557-8785				
	Name of Contact Person Area Code & Daytime Telephone Number				
Enclo	sed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Street Address: Amendment Section Amendment Section				
	Division of Corporations Division of Corporations				
	P.O. Box 6327 Clifton Building				
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				

FLOOR - DS/20/2013 Walters Klawer Online

CR2E045 (03/12)

A . . .

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, nized under the laws of the State of Washing tered agent, or both, in the State of Florida.			
	• • •	RCH MONASTERY STOREHOUSE INC.			
	office address: 1425 BROADWAY #67 S				-
3. The mailing	oddress (if different):			<u>-</u>	<i>-</i> -
4. Date of incor	poration/qualification: 08/26/2011	Document number: F11000003477			- -
	d street address of the current registered a riment of State: (If resigned, enter resign	agent and registered office on file with the ed)			
-	CORPORATION SERVICE COMPANY				
	1201 HAYS ST		Z A	14	
	TALLAHASSEE, FL 32301			A S	٦٦
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				-4 AM	
	C T Corporation System			136	المبيد"
	c/o C T Corporation System, 1200 South I	Pine Island Road	A CITE	04.	
	P.O. Box NOT Plantation, Florida 33324	Cacceptable			
as changed will	be identical.	address of the business office of its registed by its board of directors or by an officer shifted in writing of the change.	_	,	
//	Mill	Doric Kluess, Vice President			
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and c is document is being filed merely to ref that the corporation has been notified i	Printed or typed name and title ad agree to act in this capacity. tutes relative to the proper and complete succept the obligation of my position as regi lect a change in the registered office addre in writing of this change.	istered ss, i		
By:	portion by atch	4/3/2014			
	nature of Registered Agent	Date			
If signing on be	chalf of an entity:	•			
	Assistant Secretary				
1	yped or Printed Name				

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)